ST. MICHAEL'S
UNITY HEALTH TORONTO

THE SCHROEDER BRAIN & HEART CENTRE

Cardiac Surgery Referral

Gianluigi Bisleri, MD, FRCSC
Cardiovascular Surgeon & Associate Professor
Minimally Invasive, Structural Heart & Arrhythmia Surgery
Division of Cardiac Surgery

30 Bond St., Suite 8-003E
Toronto, ON M5B 1W8
Phone: 416-864-3065
Fax: 416-864-3049

PATIENT INFORMATION

Patient Name:_____

D.O.B:_____

Health Card Number: _____

Address: _____

_____

Contact Number: _____

PRIMARY CARDIOLOGIST
(if different from referring Doctor)

Name:_____

Contact Number: _____

REFERRING DOCTOR

Name:_____

Email:_____

Contact Number: _____

Fax Number: _____

COMMENTS: _____

_____

_____

_____

REASON FOR REFERRAL

- ☐ Mitral Valve Disease/Stenosis
- ☐ Aortic Valve Disease/Stenosis
- ☐ Coronary Artery Disease
- ☐ Endocarditis
- ☐ Ablation
- ☐ Other: _____

_____

Please check off all tests that have been completed and fax results along with this referral page:

Note: If any imaging is on CD please send a copy to the address listed above.

- ☐ Angiogram
- ☐ Echo Report (TTE)
- ☐ Transesophogeal Echo (TEE)
- ☐ CT
- ☐ Chest X-Ray
- ☐ MRI
- ☐ Pulmonary Function Test
- ☐ Bloodwork

Please send most recent consult notes.

CLINIC USE ONLY

Date Referral Received:	Appointment Date:_____ Time:_____